



City of Gaithersburg
Nonprofit Grant Application
Fiscal Year 2005 (July 1, 2004-June 30, 2005)

It is recommended only ONE person fill out this form to avoid sections with inconsistent information.

Organization's Name: _____
Organization's Address: _____
City/State/Zip: _____
Website Address: _____

A. GENERAL INFORMATION:

1. Program Name: _____
2. Contact Person/Title: _____
3. Telephone Number: _____ Fax: _____
4. Email Address: _____

5. Total number of INDIVIDUALS served in last COMPLETE fiscal year BY THIS PROGRAM:

6. Total *number* of the above individuals who were G'burg City residents: _____ Total *percent* of people served who were City residents: _____ %

7. Amount of request: \$ _____ 8. Total PROGRAM budget (from column 3, line 21, pg. 6) \$ _____

9. Percent of total PROGRAM budget you are requesting from Gaithersburg: _____ %

10. Which City priority does this program serve?

(See Pg. 2, #13 of Instructions.)

Use of Request: Will the City of Gaithersburg's grant be used to maintain an existing program, expand an existing program or start a new program? Check the appropriate box.

☐ Maintain Existing Program ☐ Expand Existing ☐ Start New Program

We, the undersigned, authorize the submission of this application to the City of Gaithersburg and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the City of Gaithersburg.

Is your program required to comply with privacy regulations (under HIPAA or otherwise)?

_____ yes _____ no

If "yes," then by signing this application, you understand and agree that you will be solely responsible for developing, implementing and obtaining from all of your clients a signed authorization that will enable you to use or disclose personal client information in order to obtain payment from your funders, in order to verify service utilization, and for other operational purposes.

Signature (Executive Director) & Date

Signature (Board President) & Date

Typed Name (Executive Director)

Typed Name (Board President)

City of Gaithersburg Grant Application - FISCAL YEAR 2005

Organization's Name:

Program Name:

B. PROGRAM OVERVIEW

1. Need Statement:

Part A: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the City of Gaithersburg?

Part B: Identify the target/recipient of program services. Specify the number of Rockville or Gaithersburg residents your program will serve during FY 2005 and explain the basis upon which this is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

2. Program Summary:

Part A: Identify what is to be accomplished or what change will occur. Start your sentence with *“The purpose of the program is to provide...”*. Then proceed to briefly describe the services to be provided.

Part B: Identify how City dollars, specifically, will be used (i.e. grant will provide “X” amount of units of service. See Attachment 2 for help.) If the amount of your funding request represents an increase over your FY '04 grant award, explain the reasons for the increased request. Indicate the effect of partial funding on service delivery potential of the program.

City of Gaithersburg Grant Application - FISCAL YEAR 2005

Organization's Name:

Program Name:

3. Long Term Funding: List to whom you are submitting grant applications for FY '05 funds for THIS program and for how much? How secure is current funding? How would you modify your program should revenues be lost?

4. Program Barriers: Identify obstacles/barriers, *other than money*, that could hinder the success of the program and your plans to overcome them. For example, lack of adequate transportation to/from program site, inability to serve additional clients due to client/staff ratio, regulations, etc.

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program outlined in your response to Question #2, including agency's history and mission, prior experience providing this service, management structure and staff expertise.

City of Gaithersburg Grant Application - FISCAL YEAR 2005

Organization's Name: _____

Program Name: _____

F. UNIT OF SERVICE INFORMATION

Identify the Primary Unit of Service the agency will use for this program. This could be people served, days of care provided, hours of counseling, etc. Provide the count: the number of units to be provided. Finally, compute the cost of providing the unit of service. Page 6 line 21(Total Expense) divided by Unit of Service count. (Attachment 2 for help.)

1 Define Unit of Service

Current Year (FY '04)

Grant Year (FY '05)

2. Program a. _____

b. _____

3. Unit of Service c. _____

d. _____

4. Unit of Service e. _____

f. _____

G. PROGRAM LOCATION(S) ... Where and when will *this program* be delivered?

Location(s) _____

Hrs. & Days of Operation _____

H. PROGRAM DEMOGRAPHICS for *this* program. Total Number Served And Client Characteristics

Provide unduplicated count for total clients served *by this program* during FY '02, '03 and estimated to be served during FY '04 (which is the year running *currently*.)

	# clients from Gaithersburg	#clients other than G'burg	Total
FY '02			
FY '03			
FY '04 est			

For the FY '05 - the *Grant Application Year* - provide *projected* group, gender, and age data in the following table.

Group	G'burg	Other than G'burg	Totals
African American			
Asian			
Caucasian			
Hispanic/Latino			
Native American			
Pacific Islander			
Other			
Total *			
Gender			
Female			
Male			
Total *			
Age			
0-5			
6-17.			
18-29			
30-65			
66 plus			
Total*			

* All totals should be equal

City of Gaithersburg Grant Application - FISCAL YEAR 2005

Organization's Name:

Program Name:

I. PROGRAM BUDGET & ORGANIZATIONAL BUDGET – Identify the dollar amount *and source* of revenue and expense needed to implement the proposed **program**. Also, complete budget information for **the organization**. *If you require definitions of individual revenue or expense line items to help you determine which line item should be charged, see Attachment 1 on Definitions of Revenue and Expense Line Items.*

Budget Categories	Program Budget			Organizational Budget		
	Last Yr. FY '03	Current Yr. FY '04	Grant Yr. FY '05	Last Yr. FY '03	Current Yr. FY '04	Grant Yr. FY '05
Revenue Lines 1 – 9						
1. Contributions - direct (Include special events, net of direct costs)						
2. Grants from <i>Foundations</i> : (Identify by name) +						
a)						
b)						
c)						
d)						
3. In-kind Contributions (Reflect only items shown in expense lines below, and list by <i>type</i> , ie., rent, personnel, etc.)						
4. Fees & Grants from <i>Government</i> sources (list) +						
City of Gaithersburg						
5. Program Fees						
6. United Way & CFC Campaign Designations						
7. UW Community Services Funds – Mont. Co.						
8. Other (list)						
9. Total Support & Revenue (lines 1 – 8)						
Expense (lines 10 – 21)						
10. Personnel (salaries, benefits, taxes)						
11. Consultants/Contract Services						
12. Occupancy (rent, electricity, gas, etc.)						
13. Consumable Supplies						
14. Transportation/Travel						
15. Liability Insurance						
16. Rental/Lease of Equipment						
17. Other Direct Expense/Costs						
18. SUB – TOTAL (lines 10-17)						
19. Depreciation (prorated share for this program)						
20. Other - specify						
21. Total Expense (lines 18 & 19 & 20)		*	**			
22. Excess/(Deficit) (line 9 minus 21)						

+ Did you put an 'X' by those sources that are *confirmed* ? See Attachment 1 on *Definitions of Revenue and Expense Line Items* .

* This figure also goes on Page 4 line D2a

** this figure also goes on Page 1, line 8 AND on Page 4, line D2b.

OUTCOME MEASURES					
AGENCY:		PROGRAM LOCATION:			
PROGRAM:		PROGRAM HOURS/DAYS OF OPERATION:			
PROGRAM MISSION:					
PROGRAM OUTCOMES		03 actual	04 est. (from 04 grant app)	04 actual @ 6 months	05 (full yr) projected
Outcomes AND Indicators w/ Indicators <i>italicized</i>		please report	on outcomes in	both number &	percent (#/%)
<u>Long Term:</u>					
<u>Intermediate:</u>					
<u>Initial:</u>					
<u>Outputs:</u>					
<u>Unduplicated Client Statistics:</u> Total unduplicated number of people served _____ Unduplicated number of total who were Rockville residents _____ Unduplicated number of total who were Gaithersburg residents _____					
<u>Results of Customer Satisfaction Surveys:</u> Number and percent of program participants surveyed Number and percent of program participants satisfied with the program's services Comments:					
Completed by (print full name):					
Date:					
Title: Email address:					
DO NOT EXPAND THIS FORM. USE THIS PAGE ONLY. See Attachment 3					

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J. OUTCOME MEASURES ADDENDUM

1. If there is a change between the '04 Estimated figure from the '04 grant application and the figure you will put for '04 actual @ 6 months on the previous page, and you want to list *Influencing Factors*, please do so here. (We are keeping in mind that the '04 actual @ 6 months figure would be approximately ½ of the '04 Estimated figure from the '04 grant

2. If there is any other change you wish to explain on the previous page from what your '04 Grant Application might have stated, please list the category, and any influencing factors.

Category _____

Category _____

K. PROGRAM EVALUATION

1. How will this program (for which you are filling out this grant application) be evaluated?

☐ Formal evaluation ☐ Internal agency evaluation

2. Identify and describe the method to be used to evaluate this program. (i.e., questionnaire, interview, survey, pre & post tests, rating scale, observation, other research instruments, etc.)

3. Describe how results will be used to improve the program. (We are particularly interested in whether you use a random customer survey form in which customers feel no pressure to answer one way or another.)

4. How does your evaluation link to your Outcome Measures?

5. If your formal evaluation is more than 1 year old, and you don't re-do it annually, how have you implemented suggestions from that last formal evaluation?

6. If this is an existing program, attach a summary of the most recent evaluation; include a description of how the evaluation was conducted. If an evaluation by an objective third party has not been performed, explain why not?

ATTACHMENT 1

Definitions of Revenue and Expense Line Items

Revenue Line Items

The Budget for FY '05. The following definitions are intended to guide organizations in determining to which revenue line item a given source of financial support should be charged. The hope here is to avoid varying interpretations and promote uniform understanding and application among applicant organizations.

- ❑ **Contributions (Line 1)** – Contributions include only amounts for which the donor receives no direct private benefits. They are, therefore, to be carefully distinguished from membership dues and program fees which represent payments made in return for direct private benefits.

All contributions received directly from individual donors and organizations and not resulting from a federated fund-raising campaign or other grant source are to be included in this classification. Amounts paid ostensibly as memberships, but which are in fact contributions, should be included here; likewise, the excess amount paid over the regular membership fee should also be included.

The following are examples of *source of support* to be reported in this category:

1. Individuals, including an agency's own Board members, employees and their acquaintances;
2. Corporations and other businesses;
3. Contributions in response to door-to-door, mail, and other solicitations conducted by an agency itself; and
4. Fraternal, civic, social and other unrelated groups (i.e., direct contributions, excluding contributions raised through organized campaigns).

Special Events Income - includes support and incidental revenue derived from total agency special fund-raising events during the period of the report. These are affairs in which something of value is offered directly to participants for (or in anticipation of) a payment and a contribution adequate to yield revenue for the agency over and above direct costs and expenses.

- ❑ **Grants from Foundations (Line 2)** – This revenue line is reserved to show the source of income from foundations. An "X" is to be placed by income that is confirmed.
- ❑ **In Kind Contributions (Line 3)** – This category is used to reflect the monetary value of donated goods and supplies. The applicant is to include only the amount equal to that reflected in the expense portion of the lower budget. In effect, the two will negate each other. The value of showing this form of support is that it presents an accurate picture of the true cost of the program in the event that the applicant had to purchase donated goods, supplies, staff and services donated to it.
- ❑ **Fees and Grants from Government Sources (Line 4)** – All support and revenue that an agency receives from governmental sources is to be reported in this classification. For some agencies, this may require the combining of purchase-of-service, fees, and contract payments from local, state, and federal organizations. The applicant is to identify the source and place an "X" by income that is confirmed.
- ❑ **Program Fees (Line 5)** – This classification includes fee payments received for services furnished by the organization (e.g., medical services, counseling, day care for children). Whether an agency uses a fee schedule or merely requests clients to pay what they feel they can afford, any payments solicited or accepted as a contribution in return for an agency's professional services belong in this classification.
- ❑ **Designations through the United Way Campaign (includes CFC) (Line 6)** – This category is for reporting revenue designated to the agency through the United Way Campaign and the Combined Federal Campaign.
- ❑ **United Way Community Services Funds– Montgomery County (Line 7)** – This category is for reporting revenue granted to the agency through the Community Services Fund grant process.
- ❑ **Other Support/Revenue (Line 8)** – This category is reserved for revenue not reported in other accounts
- ❑ **Total Support and Revenue (Line 9)** – This reflects the total income from lines 1 through 8.

Expense Line Items

The following definitions are intended to guide organizations in determining which expense line item a given expense should be charged. The hope here is to avoid varying interpretations and promote uniform understanding and application among agencies.

- ❑ **Personnel (Line 10)** – This expense account group is reserved for salaries and wages, benefits and taxes earned by or paid for an organization’s regular employees (full or part-time) and by temporary employees, including “Office Temporaries” other than consultations and others engaged on an individual contract basis. Salaries are compensation paid periodically for managerial, administrative, professional, clerical, and other supportive services. Wages are compensation paid periodically on piecework, hourly, daily or weekly basis for manual labor, skilled or unskilled, or a fixed sum for a certain amount of such labor.

Salaries/wages are divided into the following categories:

1. Management – administrative positions such as executive director, controller, and assistant directors whose responsibilities include managing staff.
2. Program – professionals directly involved in an agency’s programs such as program directors, therapists, etc.; and
3. Support – clerical or other positions such as receptionist, bookkeeper, van driver, maintenance (also known as non-management or non-exempt).

Employee Benefits – This expense account group is reserved for amounts paid or accrued by an agency under its own or other (private) employee health and retirement benefit plans, including voluntary employee termination or retirement payments outside a formal plan.

Sub-categories include: Accident Insurance Premiums; Life Insurance Premiums; Medical and Hospital Plan Premiums; Pension or Retirement Plan Premiums; Supplemental Payments to Pensioned Employees; Payments to Annuitants, and Employment Termination Expenses.

Payroll Taxes – This expense account group is reserved for social security taxes and compensation insurance premiums payable by employers under federal, state, or local laws.

This account accumulates all payroll tax expenses, FICA payments (employer’s share), Unemployment Insurance, Workmen’s Compensation Insurance, and Disability Insurance Premiums.

- ❑ **Consultants/Contract Services (Line 11)** – This expense account group is reserved for fees and charges of professional practitioners, technical consultants, or semi-professional technicians who are not employees of the agency and are engaged as independent contractors for specified services, on a fee or other individual contract basis.
- ❑ **Occupancy (Line 12)** – This expense category includes all costs arising from an agency’s occupancy and use of owned or leased land, buildings and offices.

Examples of expenses in this category would include: office rent; building/property and equipment insurance; janitorial and maintenance services under contract; electricity/gas/water and other utilities; and building/grounds maintenance supplies.

- ❑ **Consumable Supplies (Line 13)** - This expense account group is reserved for the cost of materials, appliances and other supplies used by the agency.

- ❑ **Transportation/Travel (Line 14)** – This expense account group is reserved for expenses of travel and transportation of staff and clients of the reporting agency.

Included in this line item would be: local bus and taxi fares; gas and oil for agency vehicles; repairs; vehicle insurance; licenses and permits; leasing costs; mileage reimbursement or auto allowances for employees and direct service volunteers; and tires. Purchase of transportation services should be included in this line item.

- ❑ **Liability Insurance (Line 15)** – This expense category would include all insurance costs incurred by the agency except for vehicle insurance, building and equipment insurance, employee accident insurance, life/unemployment and disability insurance, and workman's compensation insurance, which are reported in other line items.

Expenses in this category would include: employee liability insurance, Board liability insurance, medical malpractice insurance, and other types of insurance coverage.

- ❑ **Rental/Lease of Equipment (Line 16)** – This expense account group is reserved for the costs of renting and maintaining equipment used by the agency in conducting its programs and/or support functions. This would include such items as service contracts for computers, typewriters, and similar equipment.

This account group would include the following expenses: rental of equipment and maintenance of equipment.

- ❑ **Other Direct Costs (Line 17)** – This expense line is reserved for costs not reportable in other classifications or unique to the program for which funding is requested.

- ❑ **Subtotal (Line 18)** – This subtotal reflects program expenses shown in line items 10 through 17.

- ❑ **Depreciation (Line 19)** – This line item is intended for the allocation of the cost or other carrying value of physical assets over their estimated lives. Provision for depreciation or amortization of an accounting process intended to spread the cost of such assets over the period of time during which their use benefits the program or supporting activities of the agency; it should not be viewed as a means of funding the replacement of physical assets.

- ❑ **Other (Line 20)** – This expense line item is for any specific expenses an agency wishes to report that are not included in the above categories. This might include management and general expenses (the portion of administrative overhead assigned to this program.) Management and General need not be reflected in your budget, but may include the auxiliary services needed to support the program. Some of these include:

- ❖ Board and Committee meetings
- ❖ Executive Director
- ❖ Office Management
- ❖ Accounting, Auditing, and Budgeting
- ❖ Corporate Legal Services
- ❖ Receptionist, Switchboard, Mail Distribution, and other Central Services
- ❖ Fund Raising Activities

- ❑ **Total Expenses (Line 21)** – This number reflects the total cost of the program and is arrived at by adding the subtotal shown in line 18 and lines 19 and 20.

- ❑ **Excess (Deficit) (Line 22)** – This line item reflects the difference between total program support and revenue (line 9) and total program expenses (line 21). An excess is the result when there is more revenue than expense. When expense is greater than revenue, the result is a deficit. *A deficit should be denoted with the value in parentheses.*

ATTACHMENT 2

Unit of Service Information Examples

THE CHILDREN'S CENTER

Program 1: Team Mothers Parenting Education

Unit Definition: Number of pregnant teens attending program
Unit of Service Count: 20 pregnant teens
Calculation: \$27,000 (total program cost) ÷ 20 pregnant teens
Unit of Service Cost: \$1,350.00 per teen

Program 2: Developmental Day Care

Unit of Service Definition: Days of Care provided
Unit of Service Count: 240 Days (Year) X 45 Children = 10,800 Days of Care
Calculation: \$140,000 (total program cost) ÷ 10,800 days of care
Unit of Service Cost: \$13 per day or \$65 per week

Program 3: Child Abuse Public Awareness and Prevention

Unit of Service Definition: 1) Number of PSA aired; 2) Number of posters placed; and 3) Number of brochures distributed.

Unit of Service Count: 1) 4 PSA's aired 24 times

Calculation: \$6,000 (total program cost) ÷ 24 PSA's

Unit of Service Cost: \$250 per PSA

2) 400 posters placed

Calculation: \$800 (total program cost) ÷ 400 posters

Unit of Service Cost: \$2 per poster

3) 14,000 brochures distributed

Calculation: \$2800 (total program cost) ÷ 14,000 brochures

Unit of Service Cost: 20¢ per brochure

Program 4: Neighborhood Organizing

Unit of Service Definition: Number of Residents attending meetings, Clean-ups, and Block Parties
Unit of Service Count: 350 (total number participating in all events)
Calculation: \$28,000 (total program cost) ÷ 350 participants
Unit of Service Cost: \$80 per participant

ATTACHMENT 3

Program Measures Instructions

IF YOU ARE AN AGENCY THAT HAS WORKED OUT COMMON MEASURES WITH OTHER AGENCIES, THEY *MUST* BE INCLUDED ON YOUR FORM.

Please complete each box on the Program Measures form, consistent with the following instructions.

Agency: Specify the applicant agency.

Program: Specify the *program* for which funds are requested (not the whole organization.).

Program Location: Specify the address at which *these program services* for which you are requesting funding will be delivered. If program location is confidential to protect clients, use your mailing address.

Hours/Days of Operation: Specify the hours and days of the week that these program services will usually be delivered (e.g., noon- 3 p.m., Monday – Friday).

Program Purpose: Provide a one-sentence summary of the purpose of the program..

Outcomes: are benefits or changes for individuals or populations during or after participating in program activities. See Attachment 2 for definitions and examples of program outcomes. **Indicators** identify what is being measured to track how well the program is achieving its outcome. An indicator is observable and measurable. For example, an indicator could be the number and percent of participants who achieve a specific outcome. When an indicator is stated as a *projection* of what level of achievement the program hopes to accomplish, it is considered a target, not a promise.

Providers of homeless and adult mental health services are expected to report on the common core outcomes developed for these service areas as part of their outcomes reporting. The common core outcomes and indicators for these service areas are available at...

To complete this section of the Program Measures form, start by restating the initial, intermediate and long term outcomes that appear in Item 3, page 2 (Program Outcomes) of this application.

Under each outcome, list the relevant indicator(s) you will use to track your program's success on outcomes.

For each indicator , *complete the next four columns with both numbers and percentages* (02 Actual, 03 Projected (the word "projected" is used because we aren't done with 03 yet,) 03 Actual at 6 Months (because you HAVE finished 6 months of your 03 year,) and 04 Estimated.

In the **02 actual** column, enter your program data covering the period of July 1, 2001 through June 30, 2002, if you are not a new program.

In the **03 projected via 03 grant app.** column, the entry should read *what your 03 Projected reading was* in your submitted 03 grant application.

In the **03 actual @ 6 months** column, enter data collected in the first 6 months of 03 for this program. (If program data is not available for any or all of these periods, enter "NA.")

In the **04 estimated** column, enter your estimates for the program's level of achievement for the period of July 1, 2003 through June 30, 2004. This column should be completed even if you entered "NA" in any of the first three columns.

Outputs: Specify the direct products of program activities, which are usually measured in terms of the volume of work accomplished. Outputs include the numbers of classes taught, counseling sessions conducted, educational materials distributed, and participants served.

Activities: Specify what the program does with the inputs to fulfill its mission. Activities include the strategies, techniques, and types of treatment that comprise the program's service methodology. For instance, sheltering and feeding homeless families are program activities, as are training and counseling homeless adults to help them prepare for and find jobs.

Inputs: Specify the resources dedicated to or consumed by the program. Examples include money, staff and staff time, volunteers and volunteer time, facilities, equipment, and supplies.

At the bottom of the form, indicate the full name, title, and email address of the person who completed the form together with the date the form was completed.